

<i>SERFF Tracking Number:</i>	<i>SEFL-125901011</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40989</i>
<i>Company Tracking Number:</i>	<i>D L0810</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>DWL2001CSO</i>		
<i>Project Name/Number:</i>	<i>DWL2001CSO/DWL2001CSO</i>		

Filing at a Glance

Company: Assurity Life Insurance Company

Product Name: DWL2001CSO

TOI: L071 Individual Life - Whole

Sub-TOI: L071.101 Fixed/Indeterminate

Premium - Single Life

Filing Type: Form

SERFF Tr Num: SEFL-125901011 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 40989

Co Tr Num: D L0810

State Status: Approved-Closed

Co Status: sent to state

Reviewer(s): Linda Bird

Author: Kristi Hendrickson

Disposition Date: 12/04/2008

Date Submitted: 12/01/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: DWL2001CSO

Project Number: DWL2001CSO

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/04/2008

State Status Changed: 12/04/2008

Corresponding Filing Tracking Number:

Filing Description:

Form Numbers Form Title

D L0810 (AR) Whole Life Insurance

75-950-01102 Whole Life Insurance Application

75-951-01102 Juvenile Whole Life Insurance Application

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 11/26/2008

Domicile Status Comments: Approved

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Dear Sir or Madam:

SERFF Tracking Number:	SEFL-125901011	State:	Arkansas
Filing Company:	Assurity Life Insurance Company	State Tracking Number:	40989
Company Tracking Number:	D L0810		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.101 Fixed/Indeterminate Premium - Single Life
Product Name:	DWL2001CSO		
Project Name/Number:	DWL2001CSO/DWL2001CSO		

Assurity Life Insurance Company submits the above captioned forms for review and approval. When approved, the following forms will replace previously approved forms. Policy UW163N was based on the 1980 CSO table.

New Form Form Being Replaced Approval Date

D L0810 (AR) UW163N 4/06/1999

75-950-01102 LMA 110 4/06/1999

75-951-01102 LMA 112J 12/26/2001

Form D L0810 (AR) is a nonparticipating whole life insurance policy offered to current policyholders as a supplement to their term life policy or as a term conversion policy. This product will be distributed by direct response (i.e. mail solicitation, TV direct marketing, etc).

Issue Ages: 0 – 75 (age last birthday)

Risk Classes: Male/Female

Underwriting: Simplified underwriting will be utilized with the ability to do full underwriting depending on age and face amount

Benefits: Minimum: \$5,000

Maximum: \$100,000

Form 75-950-01102 is utilized when applying for this coverage.

Form 75-951-01102 is utilized when applying for this coverage on a juvenile insured.

The only variable information on the application is the name and address of the proposed insured and the amount of insurance they can apply for. At this time, we do not anticipate listing more than five different face amounts. These face amount can range between \$5,000 and \$100,000.

SERFF Tracking Number: SEFL-125901011 State: Arkansas
Filing Company: Assurity Life Insurance Company State Tracking Number: 40989
Company Tracking Number: D L0810
TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life
Product Name: DWL2001CSO
Project Name/Number: DWL2001CSO/DWL2001CSO

We would like to reserve the right to make changes in the layout/design of the application in the future. We certify that if we do this, all text will remain the same.

Please note that the following previously approved riders will also be available with form D L0810:

Form No. Form Title Approval Date
ALI DM115 Accidental Death Benefit 01/29/1999
ALI CB116 Children's Benefit Rider 06/14/1999

Should you have any questions or concerns regarding this submission, please contact me at 1-800-276- ext. 3452. I may also be reached via email at policyfiling@assurity.com.

Best regards,
Kristi Hendrickson
Policy Filing Specialist
New Business Services

Company and Contact

Filing Contact Information

Kristi Hendrickson, Policy Filing Specialist policyfiling@assurity.com
1526 K Street (402) 437-3452 [Phone]
Lincoln, NE 68508 (402) 437-3802[FAX]

Filing Company Information

Assurity Life Insurance Company	CoCode: 71439	State of Domicile: Nebraska
1526 K Street	Group Code: -99	Company Type: Life/Health
P.O. Box 82533		
Lincoln, NE 68501-2533	Group Name:	State ID Number:
(800) 276-7619 ext. [Phone]	FEIN Number: 38-1843471	

<i>SERFF Tracking Number:</i>	<i>SEFL-125901011</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>D L0810</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>DWL2001CSO</i>		
<i>Project Name/Number:</i>	<i>DWL2001CSO/DWL2001CSO</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assurity Life Insurance Company	\$50.00	12/01/2008	24221711

<i>SERFF Tracking Number:</i>	<i>SEFL-125901011</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>DWL2001CSO</i>		
<i>Project Name/Number:</i>	<i>DWL2001CSO/DWL2001CSO</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/04/2008	12/04/2008

<i>SERFF Tracking Number:</i>	<i>SEFL-125901011</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40989</i>
<i>Company Tracking Number:</i>	<i>D L0810</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>DWL2001CSO</i>		
<i>Project Name/Number:</i>	<i>DWL2001CSO/DWL2001CSO</i>		

Disposition

Disposition Date: 12/04/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>SEFL-125901011</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>DWL2001CSO</i>		
<i>Project Name/Number:</i>	<i>DWL2001CSO/DWL2001CSO</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Policy Cost		Yes
Supporting Document	Readability Certificate		Yes
Form	Whole Life Insurance		Yes
Form	Whole Life Insurance Application		Yes
Form	Juvenile Whole Life Insurance Application		Yes

SERFF Tracking Number: SEFL-125901011 State: Arkansas

Filing Company: Assurity Life Insurance Company State Tracking Number: 40989

Company Tracking Number: D L0810

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single Life

Product Name: DWL2001CSO

Project Name/Number: DWL2001CSO/DWL2001CSO

Form Schedule

Lead Form Number: D L0810

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	D L0810 (AR)	Policy/Cont	Whole Life Insurance	Revised	Replaced Form #: UW163N Previous Filing #:	51	AR_D_L0810_WL_Signatures.pdf
	75-950-01102	Application/	Whole Life Insurance	Revised	Replaced Form #: LMA 110 Previous Filing #:	50	75-950-01102 (11-11).pdf
	75-951-01102	Application/	Juvenile Whole Life	Revised	Replaced Form #: LMA 112J Previous Filing #:	51	75-951-01102 (11-12-08).pdf



READ YOUR POLICY CAREFULLY! This Policy is a legal contract between the Owner (You or Your) and Assurity Life Insurance Company (We, Us, Our or Assurity), a stock company. Terms that begin with capital letters are used as defined in this Policy or on the Policy Schedule. The Index lists all such terms on page 2.

We will pay the Proceeds of this Policy to the Beneficiary if:

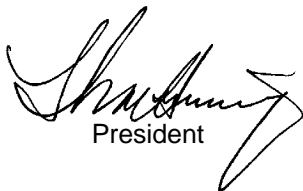
- the Insured dies while this Policy is in force;
- We receive due proof of the Insured's death; and
- all applicable Policy provisions are met.

RIGHT TO CANCEL

You may examine and cancel this Policy within 30 days of delivery for a full Premium refund. To cancel this Policy, return it to Our Administrative Office. Cancellation is effective on the date We receive the returned Policy at Our Administrative Office. When returned within 30 days of delivery, this Policy will be void from the Issue Date. We will refund the full Premium paid for this Policy and treat it as if it had never been issued.

You may cancel this Policy at any time after the 30-day Right to Cancel period by delivering or mailing a written request to Our Administrative Office. You may specify the date on which you want cancellation to be effective. However, cancellation will only be effective on the date You specify if We receive Your written request before that date. If We do not receive Your written request prior to the date you specify for cancellation, cancellation will be effective on the date We receive Your written request. Upon cancellation, We will promptly return the unearned portion of any Premium paid.

Assurity Life Insurance Company has signed this Policy on the Issue Date.



President



Secretary

Assurity Life Insurance Company
Administrative Office
PO Box 82533, Lincoln, Nebraska 68501-2533
Toll Free (800) 869-0355

WHOLE LIFE INSURANCE
Premiums Payable to age 121
Nonparticipating Policy

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POLICY SCHEDULE

FORM	BENEFIT	FACE AMOUNT	ANNUAL PREMIUM	YEARS PAYABLE	EXPIRATION DATE
D L0810	Whole Life Insurance	[\$25,000]	[\$564.00]	[76]	[November 11, 2084]

Insured: [John Doe]

Policy Number: [1234567890]

Owner: [John Doe]

Age: [45]

Issue Date: [November 11, 2008]

Gender: [Male]

Policy Fee: \$48.00

Premium Period: [12 Months]

First Premium: [\$564.00]

Amount of Insurance: [\$25,000]

Premium Payment Modes Available:

Annual:	[\$ 564.00]	Direct Monthly:	[\$ 50.76]
Semi-annual:	[\$ 284.64]	Automatic Monthly:	[\$ 49.07]
Quarterly:	[\$146.64]		

TABLE OF GUARANTEED VALUES

THE FOLLOWING TABLE SHOWS THE GUARANTEED VALUES AT THE END OF STATED POLICY YEARS, AND ASSUMES PREMIUMS HAVE BEEN PAID AND THE POLICY IS FREE FROM INDEBTEDNESS TO THE COMPANY. THE VALUES AT A DATE OTHER THAN THE END OF A POLICY YEAR WILL BE DETERMINED WITH ALLOWANCE FOR THE TIME ELAPSED IN THAT POLICY YEAR. VALUES FOR YEARS NOT SHOWN WILL BE FURNISHED ON REQUEST.

INSURED: [JOHN DOE]

POLICY NUMBER: [1234567890]

DATE OF ISSUE: [OCTOBER 1, 2008]

AGE: [45]

AMOUNT OF INSURANCE: \$[25,000.00]

GENDER: [MALE]

END OF POLICY YEAR	POLICY ANNIVERSARY	INSURANCE AGE	GUARANTEED CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM INSURANCE YEARS	DAYS
1	[2009]	[46]	\$[0]	\$[0]	[0]	[0]
2	[2010]	[47]	[0]	[0]	[0]	[0]
3	[2011]	[48]	[280]	[1,075]	[3]	[109]
4	[2012]	[49]	[632]	[2,325]	[6]	[155]
5	[2013]	[50]	[997]	[3,525]	[8]	[251]
6	[2014]	[51]	[1,375]	[4,650]	[10]	[176]
7	[2015]	[52]	[1,765]	[5,750]	[11]	[303]
8	[2016]	[53]	[2,166]	[6,800]	[12]	[316]
9	[2017]	[54]	[2,578]	[7,775]	[13]	[258]
10	[2018]	[55]	[2,998]	[8,700]	[14]	[149]
11	[2019]	[56]	[3,426]	[9,600]	[14]	[362]
12	[2020]	[57]	[3,862]	[10,425]	[15]	[161]
13	[2021]	[58]	[4,309]	[11,225]	[15]	[283]
14	[2022]	[59]	[4,768]	[12,000]	[16]	[6]
15	[2023]	[60]	[5,237]	[12,725]	[16]	[66]
16	[2024]	[61]	[5,715]	[13,425]	[16]	[100]
17	[2025]	[62]	[6,199]	[14,075]	[16]	[110]
18	[2026]	[63]	[6,686]	[14,700]	[16]	[98]
19	[2027]	[64]	[7,176]	[15,275]	[16]	[65]
20	[2028]	[65]	[7,670]	[15,825]	[16]	[15]
21	[2029]	[66]	[8,169]	[16,350]	[15]	[316]
22	[2030]	[67]	[8,674]	[16,850]	[15]	[242]
23	[2031]	[68]	[9,186]	[17,325]	[15]	[156]
24	[2032]	[69]	[9,707]	[17,775]	[15]	[60]
25	[2033]	[70]	[10,235]	[18,225]	[14]	[322]
26	[2034]	[71]	[10,770]	[18,625]	[14]	[213]
27	[2035]	[72]	[11,306]	[19,025]	[14]	[96]
28	[2036]	[73]	[11,841]	[19,400]	[13]	[337]
29	[2037]	[74]	[12,375]	[19,775]	[13]	[213]
30	[2038]	[75]	[12,909]	[20,100]	[13]	[81]

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INSURED: [JOHN DOE]

POLICY NUMBER: [1234567890]

DATE OF ISSUE: [OCTOBER 1, 2008]

AGE: [45]

AMOUNT OF INSURANCE: \$[25,000.00]

GENDER: [MALE]

END OF POLICY YEAR	POLICY ANNIVERSARY	INSURANCE AGE	GUARANTEED CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM INSURANCE YEARS	DAYS
31	[2039]	[76]	\$[13,442]	\$[20,425]	[12]	[311]
32	[2040]	[77]	[13,973]	[20,725]	[12]	[178]
33	[2041]	[78]	[14,498]	[21,025]	[12]	[37]
34	[2042]	[79]	[15,013]	[21,275]	[11]	[268]
35	[2043]	[80]	[15,514]	[21,525]	[11]	[134]
36	[2044]	[81]	[16,001]	[21,775]	[10]	[357]
37	[2045]	[82]	[16,473]	[21,975]	[10]	[233]
38	[2046]	[83]	[16,930]	[22,175]	[10]	[101]
39	[2047]	[84]	[17,373]	[22,375]	[9]	[333]
40	[2048]	[85]	[17,799]	[22,550]	[9]	[216]
41	[2049]	[86]	[18,205]	[22,725]	[9]	[91]
42	[2050]	[87]	[18,588]	[22,875]	[8]	[332]
43	[2051]	[88]	[18,946]	[23,000]	[8]	[227]
44	[2052]	[89]	[19,278]	[23,125]	[8]	[115]
45	[2053]	[90]	[19,584]	[23,225]	[7]	[361]
46	[2054]	[91]	[19,869]	[23,325]	[7]	[270]
47	[2055]	[92]	[20,139]	[23,425]	[7]	[172]
48	[2056]	[93]	[20,393]	[23,525]	[7]	[64]
49	[2057]	[94]	[20,632]	[23,600]	[6]	[329]
50	[2058]	[95]	[20,852]	[23,675]	[6]	[249]
51	[2059]	[96]	[21,058]	[23,725]	[6]	[163]
52	[2060]	[97]	[21,255]	[23,800]	[6]	[70]
53	[2061]	[98]	[21,443]	[23,850]	[5]	[346]
54	[2062]	[99]	[21,617]	[23,925]	[5]	[281]
55	[2063]	[100]	[21,774]	[23,950]	[5]	[212]
56	[2064]	[101]	[21,916]	[24,000]	[5]	[134]
57	[2065]	[102]	[22,056]	[24,050]	[5]	[44]
58	[2066]	[103]	[22,192]	[24,100]	[4]	[333]
59	[2067]	[104]	[22,326]	[24,125]	[4]	[273]
60	[2068]	[105]	[22,457]	[24,175]	[4]	[205]

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INSURED: [JOHN DOE]

POLICY NUMBER: [1234567890]

DATE OF ISSUE: [OCTOBER 1, 2008]

AGE: [45]

AMOUNT OF INSURANCE: \$[25,000.00]

GENDER: [MALE]

END OF POLICY YEAR	POLICY ANNIVERSARY	INSURANCE AGE	GUARANTEED CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM INSURANCE YEARS	DAYS
61	[2069]	[106]	\$[22,585]	\$[24,200]	[4]	[123]
62	[2070]	[107]	[22,709]	[24,250]	[4]	[22]
63	[2071]	[108]	[22,830]	[24,275]	[3]	[324]
64	[2072]	[109]	[22,947]	[24,300]	[3]	[268]
65	[2073]	[110]	[23,061]	[24,350]	[3]	[198]
66	[2074]	[111]	[23,172]	[24,375]	[3]	[109]
67	[2075]	[112]	[23,278]	[24,400]	[2]	[361]
68	[2076]	[113]	[23,381]	[24,425]	[2]	[318]
69	[2077]	[114]	[23,481]	[24,450]	[2]	[264]
70	[2078]	[115]	[23,576]	[24,475]	[2]	[190]
71	[2079]	[116]	[23,668]	[24,500]	[2]	[65]
72	[2080]	[117]	[23,757]	[24,525]	[1]	[345]
73	[2081]	[118]	[23,841]	[24,550]	[1]	[307]
74	[2082]	[119]	[23,922]	[24,575]	[1]	[228]
75	[2083]	[120]	[23,997]	[24,600]	[0]	[359]
76	[2084]	[121]	[25,000]	[25,000]	[0]	[0]

YOUR POLICY

Entire Contract. The entire contract between You and Assurity includes:

- this Policy, which is the contract of insurance;
- Your Application, which consists of the papers You signed to purchase this Policy. We have attached a copy of Your Application to this Policy; and
- any riders or endorsements We have attached to this Policy.

Your Policy is issued in return for:

- the attached Application; and
- payment of the first Premium (see Premiums section).

Issue Date. Your Policy is effective on the Issue Date. The Policy Schedule shows the Issue Date. The Issue Date is the date from which We measure Policy Anniversaries and Policy Years. A Policy Anniversary occurs in each succeeding calendar year Your Policy remains in force. The month and day of each Policy Anniversary corresponds to the month and day of the Issue Date. A Policy Year is a period of 12 consecutive calendar months. The first Policy Year begins on the Issue Date. The first Policy Anniversary is the beginning of the second Policy Year. Policy Years begin on each successive Policy Anniversary thereafter.

Policy Termination. Your Policy will terminate on the earliest of the following:

- the date of the Insured's death;
- the Policy Anniversary following the Insured's 121st birthday (shown as the Expiration Date on the Policy Schedule);
- the Due Date of any Premium not paid on or before that Due Date unless this Policy's Grace Period applies;
- the date the Grace Period expires for any Premium to which the Grace Period provision applies; or
- the date We receive Your written request to cancel the Policy.

Contract Changes. We cannot change Your Policy unless You agree to the change. Only Our President, Vice Presidents or Secretary can change or waive the terms and conditions of Your contract. Changes must be in writing and signed by one of these officers. No other person has the authority to change Your Policy or waive the terms and conditions of Your contract.

PREMIUMS

Premium Payment. Premiums are payments made to place and keep this Policy in force. Each Premium is due on or before its Due Date. The Due Date for the first Premium is the Issue Date. Payment of the first Premium is required to issue this Policy.

After paying the first Premium, You pay renewal Premiums to renew Your Policy to the next Due Date. The Due Date for a renewal Premium occurs and recurs after a Premium Period. A Premium Period is a fixed number of consecutive calendar months measured from the Issue Date. Four different Premium Payment Modes are available under Your Policy. The Policy Schedule shows the amount of Premium payable for each Premium period. You determine when renewal Premiums are paid by selecting one of the four Premium Payment Modes described below. *Note: Month(s) refer to calendar month(s):*

1. **Annual.** Twelve months separate each Due Date. Annual renewal Premiums are due on the first and each subsequent Policy Anniversary. Annual Due Dates, like Policy Anniversaries, correspond to the month and day of the Issue Date.

2. **Semi-Annual.** Six months separate each Due Date. Semi-annual Due Dates correspond to the day of the month of the Issue Date in the next and each subsequent six-month period.
3. **Quarterly.** Three months separate each Due Date. Quarterly Due Dates correspond to the day of the month of the Issue Date in the next and each subsequent three-month period.
4. **Monthly.** One month separates each Due Date. Monthly Due Dates correspond to the day of the month of the Issue Date in each subsequent calendar month.

Premiums are paid to Assurity at Our Administrative Office. You may request and receive a receipt for Premiums paid. This Policy will terminate on the Due Date of any Premium not paid on or before that Due Date unless the Policy's Grace Period provision applies.

Grace Period. A Premium not paid on or before its Due Date may be paid in that Premium's Grace Period. The Grace Period begins on a Premium's Due Date and ends 31 days later. Your Policy will remain in effect if a Premium is paid during its Grace Period. If the Insured's death occurs during the Grace Period, Proceeds, after deducting the unpaid Premium, remain payable. If You do not pay a Premium by the end of its Grace Period, Your Policy will terminate for nonpayment of Premium.

We will provide written notice that Your Policy will terminate for nonpayment of Premium at least 31 days before such termination would occur. Notice will be to the last known address of the Owner and of any assignee of record. Notice will include the amount of Premium necessary to keep the Policy in force and the date by which such Premium must be received.

Reinstatement. You can reinstate Your lapsed Policy and any attached riders, if applicable, if:

- You apply for reinstatement on Our application form within three years of the lapse;
- the Insured and Owner(s), if different, sign the application;
- You pay all past due Premiums together with 6% interest, compounded annually from each Due Date;
- You pay or reinstate any Policy loan and Loan Interest that existed at the time of lapse; and
- You provide Us satisfactory evidence of insurability. Evidence of insurability is information about the Insured We use to determine whether to reinstate Your Policy.

Compounded loan interest to the date of reinstatement will be charged on any Policy loan at the applicable Policy Loan Interest Rate during the period of lapse.

The reinstatement of Your Policy is effective on the date We approve Your application for reinstatement.

You cannot reinstate Your Policy:

- if You requested cancellation under the Right to Cancel section;
- if You surrendered the Policy for its Surrender Value; or
- after the Policy Anniversary following the Insured's 121st birthday (shown as the Expiration Date on the Policy Schedule).

INSURED, OWNERSHIP and ASSIGNMENT

Insured. The Insured is the person:

- whose life is insured under this Policy; and
- who is named as the Insured on the Policy Schedule.

The Insured is the Owner of this Policy unless:

- a different Owner is named in the Application and shown on the Policy Schedule; or
- the Owner is changed.

Ownership. During the Insured's lifetime, an Owner, whether or not the Insured, may:

- receive all benefits under this Policy and any attached riders;
- exercise all rights under this Policy, including naming a new Owner; and
- name or change a Contingent Owner. The Contingent Owner is the person who will become the new Owner of this Policy if the present Owner dies before the Insured.

Change of Ownership. Policy ownership may be changed while the Insured is alive by:

- completing and signing a form approved by Us for changing ownership; and
- returning the form to Assurity at Our Administrative Office for Our written acknowledgment.

Naming a new Owner or a new Contingent Owner voids any prior designation unless stated otherwise in the new designation.

When We furnish You written acknowledgment of the change of ownership, the change becomes effective on the date You signed Our form. We are not liable for payment made or action taken prior to Our written acknowledgment of the ownership change.

Assignment. You can transfer, or assign, some or all of Your Policy rights to someone else by making a contract with that person, the assignee. We are not responsible for the validity of any assignment of this Policy, nor are We bound until a copy of the assignment is received and filed at Our Administrative Office.

BENEFICIARY

Beneficiary. The Beneficiary is the person(s) named in the Application or by later designation to receive the Proceeds, if any. Unless otherwise stated:

- in this Policy;
- in any payment contract in effect under this Policy; or
- in a beneficiary designation in effect under this Policy;

the following apply to any and all Beneficiaries:

1. Only surviving Beneficiaries have an interest in any Proceeds. Surviving means living at least 120 hours beyond the Insured.
2. A Beneficiary is either a primary Beneficiary or a contingent Beneficiary. A surviving primary Beneficiary's interest in any Proceeds is superior to and exclusive of that of any contingent Beneficiary. Proceeds are payable to the contingent Beneficiary only if no primary Beneficiary survives the Insured.
3. We will pay Proceeds to the Beneficiaries surviving at the time of the Insured's death. We may require proof of age, gender or of the continued survival of any Beneficiary. We may rely on the affidavit of any responsible person to determine:
 - the identity of any Beneficiaries not identified by name; or
 - whether any Beneficiaries not identified by name are living.
4. All Beneficiaries in the same class (primary or contingent) will share equally unless You specify otherwise.

5. After the death of all designated Beneficiaries, We will pay:
 - any Proceeds payable, except for any guaranteed payments, to the Owner or to the Owner's successors, transferees or estate; or
 - the withdrawal value of any unpaid guaranteed payments to the estate of the person then receiving such payments. Payment will be in a lump sum.
6. To the extent allowed by law, We will protect the payment of Proceeds or interest to a Beneficiary from creditors' claims and legal process.

Change of Beneficiary. A Beneficiary may be changed while the Insured is alive by:

- completing and signing a form approved by Us for changing a Beneficiary; and
- returning the form to Assurity at Our Administrative Office for Our written acknowledgment.

Naming a new Beneficiary or a new contingent Beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish You written acknowledgment of the change of Beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payment made or action taken prior to Our written acknowledgment of the Beneficiary change.

PAYMENT OF PROCEEDS

If the Insured dies while this Policy is in force and all applicable Policy provisions have been met, We will pay this Policy's Proceeds to the Beneficiary. Payment will be made within two months of receiving due proof of death at Our Administrative Office. Interest at 8% or the rate required by law will be included on any portion of the Proceeds not paid within 30 days of Our receipt of due proof of death. Such interest will continue until full payment is made.

Amount Payable. The amount of Proceeds payable is equal to the Face Amount in force, increased by the amount of any benefits payable under any riders attached to this Policy and Premiums paid beyond the date of the Insured's death.

We will reduce the amount of Proceeds by the amount of any Premiums due and unpaid and any Loan Balance.

Payment will include interest on the Proceeds from the date of death until the date payment is made. The interest paid on Proceeds will be the higher of:

- three percent; or
- the rate required by state law, if any.

NONFORFEITURE PROVISIONS – POLICY VALUES

Nonparticipating Policy. Your Policy is a nonparticipating Policy, which means it does not participate, or share, in Assurity's earnings. Shares in company earnings are commonly called dividends. Dividends will not be paid under Your Policy.

Basis of Calculations. Minimum Policy values are based on all of the following:

- the 2001 Commissioner's Standard Ordinary Male/Female Aggregate Ultimate Only Mortality Table ALB;
- the Insured's age at his or her last birthday;
- an interest rate of 5%;
- immediate payment of death benefits; and

- payment of annual renewal Premiums.

The values of this Policy meet or exceed those required by law. Where required by law, We have filed a detailed statement explaining the calculation of these values with the Insurance Department of the state in which this Policy was delivered.

Cash Value. The Cash Value of Your Policy is determined from the Table of Guaranteed Values, page 4. Values in the Table of Guaranteed Values are calculated using the Standard Nonforfeiture Value Method.

Surrender Value. The Policy's Surrender Value is equal to the Cash Value and Premiums paid beyond the date of surrender, less the sum of:

- any Premiums due but unpaid; and
- any Loan Balance.

You may surrender Your Policy for its Surrender Value if such surrender is made:

- while the Policy is in force;
- during the Insured's lifetime; and
- before the Expiration Date.

We may defer payment of the Surrender Value up to six months.

Options on Lapse. As stated in the Premiums section, Your Policy will terminate on the Due Date of any Premium not paid on or before that date unless the Policy's Grace Period applies. If You do not pay a Premium by the end of the Grace Period, Your Policy will terminate on the Premium Due Date. If Your Policy so terminates, You may choose one of the following options:

Lapse Option 1. You may surrender Your Policy for its Surrender Value.

Lapse Option 2. You may use Your Policy's Surrender Value to purchase reduced paid-up insurance. The amount of insurance will be the amount the Surrender Value will purchase:

- by applying the Surrender Value as a net single premium; and
- using the Insured's age on his or her last birthday.

The amount of reduced paid-up insurance cannot exceed the amount of extended term insurance under Lapse Option 3, below. If the amount of reduced paid-up insurance exceeds the amount of extended term insurance under Lapse Option 3, We will pay You the excess Surrender Value in cash.

Lapse Option 3. You may use Your Policy's Surrender Value to continue Your Policy as extended term insurance. The amount of extended term insurance is equal to the Face Amount in force less the sum of:

- any Premiums due but unpaid; and
- any Loan Balance.

Extended term insurance remains in force for the period that can be purchased with the Surrender Value as a net single premium at the Insured's age on the Due Date of the unpaid Premium.

You may surrender reduced paid-up insurance (Lapse Option 2) and extended term insurance (Lapse Option 3) for its Surrender Value. The Surrender Value 30 days after the Policy Anniversary will not be less than the Surrender Value on the Policy Anniversary.

Selecting a Lapse Option. To select a lapse option, You must inform us of Your selection, in writing, within 60 days after the Due Date of the unpaid Premium. If You do not select a lapse option within 60

days after the Due Date of the unpaid Premium, extended term insurance (Lapse Option 3), will apply.

POLICY LOANS

Loan Value. The Loan Value of Your Policy is the amount You may borrow against Your Policy at any one time in the form of Policy loans by making a request to Us in writing. The Loan Value is equal to the Policy's Cash Value on the date of the loan, reduced by the sum of:

- any Premiums due but unpaid;
- any existing Policy loans; and
- loan interest through the next Policy Anniversary on any existing Policy loans.

The Policy's Loan Balance is the total amount of all unpaid loans and all unpaid Loan Interest on a given date.

If Your Policy is being continued in force as extended term insurance (Lapse Option 3), there is no Loan Value.

Loan Interest. Interest is charged from the date of the Policy loan and is payable annually in arrears each Policy Anniversary. Interest not paid when due will be added to the Policy loan and will itself bear interest. The Loan Interest Rate may vary, but it will not exceed the greater of:

- the Published Monthly Average for the calendar month ending two months before the rate is determined; or
- the rate used to compute this Policy's Cash Value plus 1% per annum.

Published Monthly Average means Moody's Corporate Bond Yield Average - Monthly Average Corporates as published by Moody's Investors Service, Inc. or any successor thereto. If Moody's Corporate Bond Yield Average is no longer published, a similar average established under the law of the state in which this Policy was delivered will be used.

We must determine the Loan Interest Rate at least once every 12 months. We can change the Loan Interest Rate no more frequently than once every three months. If Our determination of the Loan Interest Rate results in an annual rate increase of 0.5% or more, We may increase the Loan Interest Rate. However, if Our determination results in an annual rate reduction of 0.5% or more, We will reduce this Policy's Loan Interest Rate by at least 0.5%.

At the time a Policy loan is made, We will notify the Owner of the initial Loan Interest Rate. If there is a Policy loan, We will give You reasonable advance notice of any increase in the Loan Interest Rate. This Policy will not terminate in a Policy Year solely because of a Loan Interest Rate increase in that Policy Year. The Policy will remain in force during such Policy Year until it would have terminated without the increased Loan Interest Rate.

Loan Deferral. We may defer Policy loans up to six months.

Loan Repayment. Any Loan Balance will reduce benefits under this Policy. You may repay all or part of a loan at any time while this Policy is in force during the Insured's lifetime, but You are not obligated to do so. However, the Loan Balance must never equal or exceed the Policy's Loan Value. We will inform You if this happens and of the amount of payment necessary to reduce the total amount of the Policy loan and unpaid loan interest below the Policy's Loan Value. The terms and conditions of the Grace Period will apply.

If You do not pay the required payment by the end of the Grace Period, Your Policy will terminate.

GENERAL PROVISIONS

Application Statements. No statement will void this Policy, or any attached riders, or be used to defend a claim unless You made the statement in Your Application. We can only use Application statements if We attach a copy of Your Application to this Policy.

State law also requires Us to inform You that the statements You make in Your Application are deemed representations and not warranties. Representations are statements that, to the best of Your knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered Your statements warranties, We could cancel Your Policy for any inaccuracy – even an honest mistake. Therefore, We regard the statements made in Your Application as representations, not as warranties.

Contestable Period. We have the right to contest the validity of this Policy and any attached riders based on material misrepresentations made in the initial Application. However, We cannot contest the validity of this Policy or any attached riders, except for fraudulent misstatements in the Application, after it has been in force during the lifetime of the Insured for two years from the Issue Date.

We have the right to contest the validity of a reinstatement of this Policy and any attached riders based on material misrepresentations made in the application for reinstatement. However, We cannot contest a reinstatement, except for fraudulent misstatements in the application for reinstatement, after this Policy has been reinstated and in force during the lifetime of the Insured for two years from the reinstatement date.

Minimum Benefit. This Policy's benefits will not be less than the minimum benefits required by law in the state in which the Policy was delivered.

Misstatement of Age or Gender. If the Insured's age or gender is misstated in the Application, We will revise the Policy and any applicable riders' benefit amounts. We will revise the Proceeds to the amount the Premium paid would have purchased for the correct age and/or gender. The revised amounts will use Our published rates in effect on the Issue Date

Suicide. If the Insured dies by suicide within two years of the Issue Date, Our liability is limited to a refund of Premiums paid. This provision expires two years after the Issue Date.

ASSURITY LIFE INSURANCE COMPANY

**WHOLE LIFE INSURANCE
Premiums Payable to age 121
Nonparticipating Policy**

READ YOUR POLICY CAREFULLY!

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533
(402) 476-6500 • (800) 889-6002 • FAX (402) 437-4591

**Whole Life
INSURANCE APPLICATION**
PLEASE PRINT WITH BLACK INK

[Sample Name] Corrections if needed: Full Legal Name _____

[1234 Any Street Name] Address _____

[Any City, ST, 99999] City _____ State _____ Zip _____

Proposed Insured/OwnerDate of Birth ____ / ____ / ____ Age ____ Social Security No. ____ - ____ - ____ ☐ Male ☐ Female State of Birth _____

Height ____ ft ____ in Weight ____ lbs Phone No. (____) _____ Driver's License No./State _____

Primary Beneficiary (*person to receive benefit payment*)—Beneficiary and relationship to Proposed Insured must be given, or benefits are paid to Owner's estate.

Full Legal Name _____ Date of Birth ____ / ____ / ____ Relationship _____

Contingent Beneficiary (*person to receive benefit payment if Primary Beneficiary dies before the Insured*)

Full Legal Name _____ Date of Birth ____ / ____ / ____ Relationship _____

I am applying for: ☐ \$[5,000] ☐ \$[25,000] ☐ \$[50,000] (Please check one)Do you intend to replace or change any existing life insurance or annuities in connection with this application? ☐ Yes ☐ No

If YES, list company name and policy number of existing insurance: _____

1. Are you currently confined to a hospital or nursing facility, disabled, or do you require the use of a wheelchair? ☐ Yes ☐ No

2. In the past 5 years, have you been diagnosed or treated by a member of the medical profession for:

(a) Cancer, lymphoma, Hodgkin's disease, leukemia, coronary artery disease, high blood pressure, stroke or any disease or disorder of the heart, brain, central nervous system, liver or lung? ☐ Yes ☐ No(b) Kidney disease or kidney failure, muscular disease, mental or nervous disorder, drug or alcohol abuse, or diabetes? ☐ Yes ☐ No(c) Acquired immune deficiency syndrome (AIDS) or tested positive for antibodies to the human immunodeficiency virus (HIV)? ☐ Yes ☐ No3. Do you have any chronic illness or condition which requires periodic medical care or may require future surgery? ☐ Yes ☐ No4. Have you had any diagnostic tests or any medical or surgical procedures recommended that have not been completed or for which results have not been received? ☐ Yes ☐ No5. In the past 3 years, have you been charged with driving under the influence of alcohol or drugs, or had your license suspended or restricted? ... ☐ Yes ☐ NoGive full details of any YES answer including dates, name and address of doctor or hospital, if applicable (*attach additional page if needed*):

I am enclosing the initial premium and understand that the insurance applied for will become effective on the date this application is approved by Assurity Life Insurance Company (*Assurity*). Should the application be declined, the amount paid will be refunded. All answers in this application are complete and true to the best of my knowledge and belief. **Fraud Notice:** Any person who submits an application or files a claim with the intent to defraud or help commit a fraud against an insurance company may be guilty of a crime.

I have read the notice explaining the use of the Medical Information Bureau (*MIB*). I hereby authorize any medical practitioner or facility, insurance company, or the MIB to give Assurity all information about me or my health, including information about AIDS, HIV, drugs, alcoholism or mental illness, for underwriting and claims purposes. I understand that this authorization will be valid from the date signed for a period of 24 months; a photographic copy of the authorization will be as valid as the original; and I am entitled to receive a copy of this authorization. I give my permission to Assurity to get investigative consumer reports about me or any persons who are insured. I acknowledge receiving the Notices of Information Practices included with the material sent to me, and I have read the MIB Pre-Notification.

Proposed Insured/Owner Legal Signature **X** _____ Date **X** _____

Must be signed by Proposed Insured/Owner. No one else may sign for him/her.

This application with check or money order should be mailed in the enclosed return envelope.





ASSURITY® LIFE INSURANCE COMPANY
 Post Office Box 82533, Lincoln, NE 68501-2533
 (402) 476-6500 • (800) 889-6002 • FAX (402) 437-4591

**Juvenile Whole Life
 INSURANCE APPLICATION**
PLEASE PRINT WITH BLACK INK

[Sample Name] Corrections if needed: Full Legal Name _____
 [1234 Any Street Name] Address _____
 [Any City, ST, 99999] City _____ State _____ Zip _____

Proposed Juvenile Insured Information

Date of Birth ____ / ____ / ____ Age ____ Social Security No. ____ - ____ - ____ ☐ Male ☐ Female State of Birth _____
 Height ____ ft ____ in Weight ____ lbs Phone No. (____) _____ Driver's License No./State _____

Policyowner (If a Policyowner is not provided, the Proposed Insured is the Owner)—Owner's relationship to the Proposed Insured must be provided.

Full Legal Name _____ Date of Birth ____ / ____ / ____ Relationship _____
 Social Security No. ____ - ____ - ____ ☐ Male ☐ Female State of Birth _____ Phone No. (____) _____
 Address _____ City _____ State _____ Zip+4 _____

Contingent Owner (person to become Owner if the Policyowner dies before the Insured)

Full Legal Name _____ Date of Birth ____ / ____ / ____ Relationship _____

Beneficiary (person to receive benefit payment)—Beneficiary and relationship to Proposed Insured must be given, or benefits are paid to Owner's estate.

Full Legal Name _____ Date of Birth ____ / ____ / ____ Relationship _____

I am applying for: ☐ \$[5,000] ☐ \$[25,000] ☐ \$[50,000] (Please check one)

Do you intend to replace or change any existing life insurance or annuities in connection with this application? ☐ Yes ☐ No

If YES, list company name and policy number of existing insurance: _____

- Is this child currently confined to a hospital or nursing facility, disabled, or do they require the use of a wheelchair? ☐ Yes ☐ No
- In the past 5 years, has this child been diagnosed or treated by a member of the medical profession for:
 - Cancer, lymphoma, Hodgkin's disease, leukemia, coronary artery disease, high blood pressure, stroke or any disease or disorder of the heart, brain, central nervous system, liver or lung? ☐ Yes ☐ No
 - Kidney disease or kidney failure, muscular disease, mental or nervous disorder, drug or alcohol abuse, or diabetes? ☐ Yes ☐ No
 - Acquired immune deficiency syndrome (AIDS) or tested positive for antibodies to the human immunodeficiency virus (HIV)? ☐ Yes ☐ No
- Does this child have any chronic illness or condition which requires periodic medical care or may require future surgery? ☐ Yes ☐ No
- Has this child had any diagnostic tests or any medical or surgical procedures recommended that have not been completed or for which results have not been received? ☐ Yes ☐ No
- In the past 3 years, has this child been charged with driving under the influence of alcohol or drugs, or had their license suspended or restricted? ☐ Yes ☐ No

Give full details of any YES answer including dates, name and address of doctor or hospital, if applicable (attach additional page if needed):

I am enclosing the initial premium and understand that the insurance applied for will become effective on the date this application is approved by Assurity Life Insurance Company (Assurity). Should the application be declined, the amount paid will be refunded. All answers in this application are complete and true to the best of my knowledge and belief. **Fraud Notice:** Any person who submits an application or files a claim with the intent to defraud or help commit a fraud against an insurance company may be guilty of a crime.

I have read the notice explaining the use of the Medical Information Bureau (MIB). I hereby authorize any medical practitioner or facility, insurance company, or the MIB to give Assurity all information about the health of the Proposed Insured, including information about AIDS, HIV, drugs, alcoholism or mental illness, for underwriting and claims purposes. I understand that this authorization will be valid from the date signed for a period of 24 months; a photographic copy of the authorization will be as valid as the original; and I am entitled to receive a copy of this authorization. I give my permission to Assurity to get investigative consumer reports about me or any persons who are insured. I acknowledge receiving the Notices of Information Practices included with the material sent to me, and I have read the MIB Pre-Notification.

X _____ **X** _____ **X** _____
 Owner's Legal Signature Parent's Legal Signature (if different than Owner) Date (MM/DD/YYYY)

This application with check or money order should be mailed in the enclosed return envelope.



<i>SERFF Tracking Number:</i>	<i>SEFL-125901011</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Assurity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>40989</i>
<i>Company Tracking Number:</i>	<i>D L0810</i>		
<i>TOI:</i>	<i>L071 Individual Life - Whole</i>	<i>Sub-TOI:</i>	<i>L071.101 Fixed/Indeterminate Premium - Single Life</i>
<i>Product Name:</i>	<i>DWL2001CSO</i>		
<i>Project Name/Number:</i>	<i>DWL2001CSO/DWL2001CSO</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	SEFL-125901011	State:	Arkansas
Filing Company:	Assurity Life Insurance Company	State Tracking Number:	40989
Company Tracking Number:	D L0810		
TOI:	L071 Individual Life - Whole	Sub-TOI:	L071.101 Fixed/Indeterminate Premium - Single Life
Product Name:	DWL2001CSO		
Project Name/Number:	DWL2001CSO/DWL2001CSO		

Supporting Document Schedules

	Review Status:	
Satisfied -Name:	Certification/Notice	11/13/2008
Comments:		
Attachment:		
AR NEW Certification.pdf		

	Review Status:	
Satisfied -Name:	Statement of Policy Cost	11/13/2008
Comments:		
Attachment:		
Statement of Policy Cost.pdf		

	Review Status:	
Satisfied -Name:	Readability Certificate	12/01/2008
Comments:		
Attachment:		
READ CERT.pdf		



Company Name:

Assurity Life Insurance Company

Form Title(s) and Numbers:

D L0810 (AR)	Whole Life Insurance
75-950-01102	Application for Whole Life Insurance
75-951-01102	Juvenile Application for Whole Life Insurance

I hereby certify that to the best of my knowledge and belief, the above forms and submission complies with the following:

- Regulation 19, as well as the other laws and regulations of the State of Arkansas.
- The company's policy issue procedure includes the notice required by Ark. Code Ann. 23-79-138 as addressed in Bulletins 6-87 and 11-88.
- The company's policy issue procedure includes the Life and Health Guaranty Association Notice as set form in Regulation 49.

A handwritten signature in black ink that reads "Carol S. Watson". The signature is written in a cursive style and is positioned above a horizontal line.

Carol S. Watson
Vice President, General Counsel & Secretary

December 1, 2008

ASSURITY LIFE INSURANCE COMPANY
1526 K STREET, LINCOLN, NEBRASKA 68508
STATEMENT OF POLICY COST AND BENEFIT INFORMATION

INSURED:	ISSUE DATE: [OCTOBER 1, 2008]	POLICY NUMBER: [1234567890]
[JOHN DOE]		AGENT: [ASSURITY AGENT]
[123 INSURED BLVD]		[123 AGENT BLVD]
[LINCOLN, NE 68508]		[LINCOLN, NE 68508]

AGE	FACE AMOUNT PAYABLE UPON DEATH	ANNUAL PREMIUM	YEARS PAYABLE
<hr/>			
[45] 1. WHOLE LIFE POLICY	[\$25,000.00]	[\$564.00]	[76]

THE POLICY OWNER HAS AN UNCONDITIONAL RIGHT TO RETURN THE POLICY TO THE COMPANY OR ITS AUTHORIZED AGENT WITHIN 30 DAYS AFTER RECEIPT FOR FULL REFUND OF ANY PREMIUM PAID.

THE LOAN INTEREST RATE MAY VARY, BUT IT WILL NOT EXCEED THE GREATER OF (1) THE PUBLISHED MONTHLY AVERAGE FOR THE CALENDAR MONTH ENDING TWO MONTHS BEFORE THE RATE IS DETERMINED; OR (2) THE RATE USED TO COMPUTE THE CASH SURRENDER VALUE UNDER THE POLICY PLUS 1% PER ANNUM. INTEREST IS PAYABLE IN ARREARS ON THE POLICY ANNIVERSARY DATE.

BENEFIT INFORMATION

POLICY YEAR	CASH SURR. VALUE END OF YEAR	DEATH BENEFIT PAYABLE AT BEGINNING OF POLICY YEAR
<hr/>		
1	[\$0.00]	[\$25,000.00]
2	[0.00]	[25,000.00]
3	[280.24]	[25,000.00]
4	[631.86]	[25,000.00]
5	[996.89]	[25,000.00]
10	[2,997.68]	[25,000.00]
20	[7,670.44]	[25,000.00]
Age 65	[7,670.44]	[25,000.00]
Age 121	[25,000.00]	[25,000.00]

AN EXPLANATION OF THE INTENDED USE OF THE FOLLOWING INDEXES ARE INCLUDED IN THE LIFE INSURANCE BUYERS GUIDE.

	SURRENDER COST INDEX		NET PAYMENT COST INDEX	
	10 YR.	20 YR.	10 YR.	20 YR.
<hr/>				
WHOLE LIFE POLICY	[13.48]	[13.72]	[22.56]	[22.56]

READABILITY CERTIFICATION

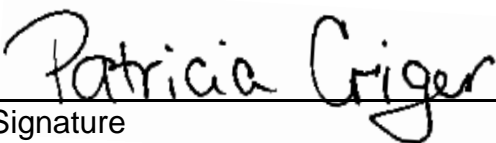
I hereby certify the following forms were tested for readability using Microsoft® Word XP program and achieved the following test results:

Company Name: Assurity Life Insurance Company

Form Number(s): D L0810 et al

Type of Form: Whole Life Insurance

Form No.	Description	Flesch Score
D L0810 (AR)	Whole Life Insurance	50.8
75-950-01102	Whole Life Insurance Application	50.4
75-951-01102	Juvenile Whole Life Insurance Application	50.7



Signature

December 1, 2008

Date

Patricia Criger
Director, New Business Services